

Name _____

Sight Word Check Off: Lists 7-12

Date:	Date:	Date:	Date:	Date:	Date:
List 7	List 8	List 9	List 10	List 11	List 12
___ day	___ how	___ old	___ three	___ eight	___ black
___ from	___ just	___ or	___ us	___ four	___ brown
___ had	___ long	___ put	___ were	___ one	___ green
___ her	___ many	___ take	___ which	___ six	___ pink
___ him	___ new	___ them	___ would	___ three	___ red
___ down	___ if	___ one	___ two	___ zero	___ yellow
___ give	___ know	___ out	___ very	___ five	___ blue
___ have	___ man	___ some	___ when	___ nine	___ gray
___ here	___ much	___ their	___ work	___ seven	___ orange
___ his	___ of	___ then	___ your	___ ten	___ purple
				___ two	___ white

